POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		5-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	—920	06-29-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim Final	Original	Date						Claim Final	Original	Date						Claim Final	Original	Date					
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	2								52								102						
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	49								99								149						
	50								100								150						

If more than 150 claims or 10 actions
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